

MONTANA BOARD OF ARCHITECTS & LANDSCAPE ARCHITECTS
301 SOUTH PARK
P O BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2367 (406) 841-2309 FAX
E-MAIL: dlibsdlar@mt.gov
WEBSITE: www.mt.gov/dli/lar

GENERAL APPLICATION PROCEDURE
LANDSCAPE ARCHITECTS

Landscape Architects may be licensed in Montana by providing evidence of passing all sections of The Council of Landscape Architectural Registration Boards (CLARB) exam. Please contact CLARB at 703-319-8380 or you may obtain examination information from their website at www.clarb.org.

Written notification will be sent within 14 working days of receipt of the application advising the applicant of the status of the application.

APPLICATIONS: All applicants shall:

1. Submit a completed application.
2. Applications must be signed and notarized.
3. Include a \$325.00 application/license fee. Make payment to the: Montana Board of Landscape Architects. Personal checks, money orders or cashiers checks are acceptable. Please do not send cash.
4. Include a 2 x 2 ½ inch passport-type photograph.
5. Applicants are responsible for contacting CLARB and to have exam scores sent to the Montana Board of Landscape Architects.
6. Upon approval of the application and verification of passing all sections of the CLARB exam, the applicant may be licensed.

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Application by:

CLARB Record

Application by:

License from Another State

1. SOCIAL SECURITY NUMBER _____
2. FULL NAME _____
3. OTHER NAME(S) KNOWN BY _____
4. BUSINESS NAME _____
5. BUSINESS ADDRESS _____
Street or PO Box # City & State Zip Country
6. HOME ADDRESS _____
Street or PO Box # City & State Zip Country
- PREFERRED MAILING ADDRESS** ☐ Business ☐ Home **E-MAIL ADDRESS** _____
7. TELEPHONE () () ()
Business Home Fax
8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE
9. LICENSE NAME _____
10. CLARB CERTIFICATION NUMBER _____

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons and outcome) on a supplemental sheet.

11. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
12. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date and results. ☐ Yes ☐ No
13. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

14. List all professional/occupational licenses, registrations, or certifications granted to you.

☐ Yes

☐ No

State/Province/Territory	License Number	Date Issued	Current	Type of License

15. Do you intend to practice in the State of Montana?

☐ Yes

☐ No

16. Have you ever previously applied for a license to practice in Montana? If yes, give date and results.

☐ Yes

☐ No

17. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.

☐ Yes

☐ No

18. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.

☐ Yes

☐ No

19. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes

☐ No

20. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.

☐ Yes

☐ No

21. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes

☐ No

22. Do you have criminal charges pending, or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest of deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanors and fines (2) charges or convictions prior to your 16 birthday. If yes, please attach a detailed explanation.

☐ Yes

☐ No

23. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.

☐ Yes

☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated